VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

June 2, 2016

Ms. Mary Jensen,
Wintergreen Residential Care Home
3 Union Street
Brandon, VT 05733-1127

Dear Ms. Jensen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 13, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0593	A. BUILDING: _____ B. WING _____	04/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINTERGREEN RESIDENTIAL CARE HOME	3 UNION STREET BRANDON, VT 05733

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure survey was completed on 4/13/16 by staff from the Vermont Division of Licensing and Protection. The following regulatory violations were found.	R100		
R112 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that new admissions to the home had a physician statement that included the resident's medical and psychiatric diagnoses, as applicable for 1 of 2 applicable residents in the sample. (Resident #2) Findings include: Per record review, Resident #2 was admitted to the home on 1/9/16 without a physician statement that included all applicable current medical diagnoses. The lack of this information upon admission was confirmed during interview with the Administrator.	R112	Action - No resident can move into Wintergreen without a physician's statement. Measure - we have a Work sheet for all physicians to fill out - brief history, diagnosis Problem list, psychiatric diagnosis(ect.) must be signed by physicians before resident moves in. monitored - RN. Will review chart before resident moves in. Date of correction. May 29 2016 R112 POC accepted 6/2/16 Mary Kelly, RN	
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a	R126		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Jensen — TITLE: owner — (X6) DATE: 5/8/16

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R126	Continued From page 1 residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure provision of necessary services related to the resident's medical needs and presence of an medical device requiring on-going treatment for 1 applicable resident in the sample. (Resident #3). Findings include: Per record review, Resident #3 was admitted to the home on 3/21/16 with hospital discharge instructions stating "Porta Cath care, flush per protocol". Per interview with the Administrator, the resident still had the implanted access device and there were no orders obtained from the PCP (primary care provider) to maintain patency of the device, or otherwise treat the resident's needs related to the device.	R126	Action- Manager Needs to get all Dr's order's on our New resident before resident can move in Measures- Copy of Care plan from hospital is Needed. Protocol for Cath Care. Better discharge instructions. Monitored- By RN before resident is discharged Date of Correction May 29 2016 R126 POC accepted 6/2/16 Mey Batton, RN	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced	R145		

Division of Licensing and Protection

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R145	Continued From page 2	R145		

by:
Based on staff interview and record review, the home failed to assure that the care plans for 3 of 3 residents in the sample addressed each of their identified needs. (Residents #1, 2 & 3). Findings include:
1. Per review of the care plan for Resident #1, the plan did not address the resident's needs related to daily anticoagulant therapy and the risk for impaired skin integrity related to a history of venous ulcers.
2. Per review, the care plan for Resident #2 failed to address the resident's needs and risks related to anticoagulant therapy and history of frequent falls; the plan also failed to include the use of a walker for safe ambulation daily.
3. Per review, the care plan for Resident #3 failed to address the resident's needs related to chronic pain management and new diagnosis of anxiety/depression and use of psychoactive medications.
The above findings were confirmed during interview with the Administrator.

R145

Action: The care plans for (residents 1, 2, & 3) have been revised and now include each residents identified needs.

Measures: The RN will review residents care plans weekly to ensure they are complete and accurate. The staff will monitor residents currently taking Anticoagulant medication for signs of bruising and/or bleeding, and immediately contact the RN.
RN will monitor for compliance per TC. 6/1/16
Date Of Correction : June 1, 2016

R145 POC accepted 6/2/16
Meg Balto, RN

R147 SS=C V. RESIDENT CARE AND HOME SERVICES

R147

5.9.c (4)

Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor.

This REQUIREMENT is not met as evidenced by:

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R147	Continued From page 3 Based on staff interview and record review, the home failed to keep current a list of all resident's medications, including date ordered, dosage, frequency and likely side effects for staff to monitor for 3 of 3 residents in the sample. (Residents # 1, 2 and 3). Findings include: Per record reviews for Residents #1, 2 and 3, there were no required lists of medications ordered, including date ordered, dosage, and frequency and side effects to monitor for. The failure to maintain this information was confirmed during interview with the administrator.	R147	Action - Manager will keep a log on any medications ordered with dosage and side effects for staff to monitor. Measures - ~~Infant Manager will make sure this is done~~ T.T. monitored by all staff Date of correction - May 29, 2016 RN will monitor this action for compliance. R147 POC accepted 6/2/16	
R150 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that resident symptoms of illness or accident were recorded in the medical record on the date and time of the occurrence for 1 of 3 residents in the sample. (Resident #2). Findings include: Per record review, Resident #2 experienced a fall with a minor injury on 3/6/16. On 3/8/16, the resident had an appointment with the PCP (primary care provider) to evaluate the injury. There was no progress note written by the staff on duty on 3/6/16 who were present at the time of the injury; additionally, there was no documentation of any actions taken by staff after	R150	R150 **Action:** All staff will attend a training on how to properly document an incident and/or illness along with actions taken in a residents chart. **Measures:** The R.N. will monitor weekly for compliance. **Date Of Correction:** June 1, 2016 R150 POC accepted 6/2/16 June 1, 2016	

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R150	Continued From page 4 the fall. The following day (3/7/16), the Licensed Practical Nurse wrote a progress note regarding the fall after receiving report from staff. The lack of documentation regarding Resident #2 was confirmed during interview with the Administrator.	R150		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to have a written plan for unlicensed staff to use for the administration of PRN (as needed) psychotropic medications for 1 applicable resident in the sample. (Resident #3). Findings include: Per record review, Resident #3 had provider orders for "Lorazepam (an anti-anxiety medication), 0.5 mg. tab, PO twice daily PRN while awaiting Celexa (an antidepressant)"; 14	R167 R167	**Action:** The RN has reviewed all residents charts currently taking Psychotropic medications and has written a plan in place for the staff to use for administrating a PRN. **Measures:** The staff now has a sheet to follow with different steps to take before a PRN will be administered. This will also be included in their indiviual care plans, The RN will monitor weekly to ensure the staff is doing all the steps correctly and in the best way possible before a PRN given, **Date Of Correction:** June 1, 2016 R167 POC accepted 6/2/16 Mary Baltar, RN	

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R167	Continued From page 5 tabs ordered 4/7/16. Per interview with the staff on duty and the Administrator, there was no written care plan developed that described the specific behaviors the medication was intended to treat, specified the circumstances that indicate the use of the medication, and educated staff about the desired effects and/or the undesired side effects staff must monitor for.	R167		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179	Action- All staff will have 12 annually training including the 7 required by the State. Measures- R.N. will ensure that all staff demonstrate Competency in the skills and techniques. and sign off that they are competent to give medication and direct care to residents. monitored-monthly trainings that are mandatory for each staff member. The manager will monitor all trainings Date of Correction ~~May 31st~~ June 1, 2016 R179 POC accepted 6/2/16 Mary Barton, RN	

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R179	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that all direct care staff had completed the Vermont mandated annual trainings for 1 of 5 staff training records reviewed. Findings include: Per review of a sample of 5 personnel training records, 1 of the 5 staff members had failed to complete all of the required annual trainings mandated in the Vermont Residential Home Licensing Regulations. The finding was confirmed during interview with the Administrator.	R179		
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that staff documented resident care and changes in the progress notes for 1 of 3 residents in the sample. (Resident #2). Findings include: Per review, Resident #3 was admitted to the	R189	Action - Physician admission sheet's are made up to give out to resident's DR's before any resident move's in. Measures - This will be given to the family in a Packet with all the initial paper work. monitored - R.N. will overview resident's chart on admission Date of Correction - ~~May 31 2016~~ TT June 1, 2016	

Division of Licensing and Protection

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R189	Continued From page 7	R189	R189 Staff will be trained in writing progress notes per TC. 6/1/16	

home on 1/9/16 and there were no progress notes regarding his/her condition at admission and subsequent adjustment to the home until 1/21/16, a period of 12 days. The lack of documentation regarding Resident #2 was confirmed during interview with the Administrator.

R302 SS=D IX. PHYSICAL PLANT

9.11 Disaster and Emergency Preparedness

9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the home failed to assure that fire drills were conducted at the required times of the day, including morning, afternoon , evening and nights. Findings include:

Per review of the log of fire drills conducted in the previous 12 months, the home failed to conduct any fire drills during the morning and evening hours during the previous 12 month period. The findings were confirmed during interview with the

Action: Staff will be trained on documenting in residents charts from the start of the incident and the following actions taken,

Measures: The RN will continue to monitor the charts weekly for compliance.

Date of Correction: June 1, 2016

POC R189 accepted 6/2/16 Meg Baltz, RN

Action- A written copy of a plan for all staff to see in the event of a fire for evacuation.

measures - This will be posted for all staff to see with months time's and dates.

monitored- We will have a log with a check off list to confirm how many fire drill have been done and dates at every meeting this way we can keep track and make sure every staff memeber has participated.

Date of Correction - May 24th 2016

Division of Licensing and Protection

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R302	Continued From page 8 Administrator.	R302		

R302

Action: We will conduct Fire drills at a minimum quarterly in the hours of the Morning , afterNoon evening and late night. Also included the times and emploees atteneding.

Measures: Tonia (Manager) will monitor this action to ensre fire drills are being completed with in the correct time,

Date of correction: June1, 2016

R302 POC accepted 6/2/16
Mary Batto, RN

Wintergreen Residential Care LLC

3 Union St
Brandon VT
05733

Phone: 802-465-4101
E-mail:
m3jensen@comcast.net

Fax Transmittal Form

TO Pamela Cota

Name:

Organization Name/Dept:

CC:

Phone number:

Fax number:
802-241 0343

Urgent

For Review

Please Comment

MESSAGE:

FROM Mary Jensen
Wintergreen Residential Care Home

Phone: 802-465-4101

E-mail: m3jensen@comcast.net

Fax 802-465-4737

Date sent: ~~5/20/16~~ 6/1/16

Time sent:

Number of pages including cover page:

11

VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 28, 2016

Mary Jensen, Manager
Wintergreen Residential Care Home
3 Union Street
Brandon, VT 05733-1127

Dear Ms. Jensen:

The Division of Licensing and Protection completed a re-licensing survey at your facility on **April 13, 2016**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **May 11, 2016**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

You may also request an informal review of all or part of the contents of the notice at any time prior to **May 11, 2016** by calling Suzanne Leavitt, RN, MS, Assistant Division Director, or Clayton Clark, Division Director at (802) 241-0480. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilites, Aging and Independent Living. To request a review with the Commissioner, call (802) 241-2401.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to $10.00 per resident or $100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **May 11, 2016**.

Appeals

As noted above, you may seek an informal review from Suzanne Leavitt, RN, MS, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the the Human Services Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at (802) 241-0480 if you have any questions.

Sincerely,

Pamela M. Cota, RN
Licensing Chief